

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/623288** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1 ²					
4	④1					
5	1 ²					
6	④1					
7	1 ²					
8	④1					
9	1 ²					
10	④1					
11	1 ²					
12	④1					
13	1 ²					
14	④1					
15	1 ²					
16	④1					
17	1 ²					
18	④1					
19	1 ²					
20	④1					
21	1 ²					
22	④1					
23	1 ²					
24	④1					
25	1 ²					
26	④1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1 ²					
34	④1					
35	1 ²					
36	④1					
37	1 ²					
38	1					
39	1					
40	1 ²					
41	④1					
42	1 ²					
43	④1					
44	1					
45	④1					
46	1 ²					
47	④1					
48	1 ²					
49	④1					
50	1 ²					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	103		103		103	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	④1							
52	1 ²							
53	④1							
54	1 ²							
55	1							
56	1							
57	1 ²							
58	1							
59	1							
60	1							
61	1							
62	1							
63	1							
64	1							
65	1							
66	1							
67	1							
68	1							
69	1							
70	1							
71	④1							
72	1							
73	1							
74	21							
75	1 ²							
76	④1							
77	1 ²							
78	④1							
79	1 ²							
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	16							
TOTAL DEP.	63							
TOTAL CLAIMS	79							